



Building Permit Application

City of Sedona

102 ROADRUNNER DRIVE SEDONA, AZ 86336
(928) 282-1154 or fax (928) 204-7124

Permit # _____
Deposit \$ _____
Date Rec'd _____ By _____
Use Code _____
Census Code _____

Property / Owner

Project Description _____

Approximate Cost _____

Assessor Parcel No. _____

Construction Address _____

Lot No. _____

Subdivision _____

Suite No. _____

Building Name (if applicable) _____

Business Name (if applicable) _____

Owner/Business Tenant Name _____

Mailing Address _____

City _____

State _____

Zip _____

Phone No _____

Fax No _____

Residential Square Footage

New Residential Area

Garage _____

Deck _____

Covered Patio _____

Shed _____

Unfinished Basement _____

Residential Addition _____

Residential Remodel _____

Contractor

Contractor _____

Address _____

City _____

State _____

Zip _____

Phone No. _____

License No. _____

Fax No. _____

Tax No. _____

Cell No. _____

Architect / Designer _____

Address _____

City _____

State _____

Zip _____

Phone No. _____

Fax No. _____

Commercial Square Footage

New Commercial Area

Deck _____

Covered Patio _____

Accessory Building _____

Existing Commercial

Commercial Addition

Building Details

Building Footprint _____

Bldg Area Demolished _____

Number of Stories _____

Dwelling Units _____ Lodging Units _____

Applicant Signature _____ Date _____